SPA 6: South

1998 Population: 944,810

1998 % of LA County Total: 10.1%

2007 Population: 1,044,901

2007 % of LA County Total: 10.1%

<u>Leading Causes of Injury Death and Age Adjusted</u> Mortality Rates per 100,000, SPA 2, 1998-2007

Leading Cause	Number	Rate
1. Firearms	3,133	28.9
2. Motor Vehicle Traffic	1,058	11.7
3. Poisoning	681	8.5
4. Falls	252	3.6
5. Suffocation ¹	227	2.5

Overview

Between 1998 and 2007, there were 6,191 injury deaths among SPA 6 residents. These deaths accounted for 15.6% of all injury deaths countywide. 86.4% of the deaths were attributed to one of the five leading causes of injury death. Firearm related deaths were a particularly serious problem in South SPA, accounting for 50.6% of all injury deaths in SPA 6, compared to only 29.1% countywide. For more comparisons between SPA 8 and LA County, see the SPA Comparison Table.

SPA 6 Injury Mortality Facts in Brief

- Firearms accounted for more than half of all injury deaths in SPA 6.
- Injury mortality rates have been decreasing since 2004 in SPA 6.
- A majority of injury deaths in SPA 6 were homicide; while in other SPAs, the majority
 of injury deaths were unintentional.
- Males accounted for 82% of all injury deaths in SPA 6.
- During each year, mortality rates in SPA 6 were highest among Blacks.
- Firearms were the leading cause of injury death among 10-44 year olds.

Figure 1. Trends

- Between 1998 and 2007, the South SPA population increased by 10.6%, while the population of LA County overall increased by 10.1%.
- Injury mortality in SPA 6 increased from 1998 until 2002 with a peak death rate of almost 71 deaths per 100,000. Between 2004 and 2007, mortality rates decreased each year, from 70 deaths per 100,000 to 57 deaths per 100,000.
- Fall-related mortality slightly increased during the ten-year period. The 2007 rate (3.6 per 100,000) was an increase of 8% over the 1998 rate (3.4 per 100,000).
- Firearm and poisoning mortality rates decreased from 25.9 to 20.6 deaths per 100,000 and 11.3 to 9.4 deaths per 100,000 respectively.

¹ The suffocation category also includes hanging and strangulation deaths and deaths from the inhalation of food or other objects that block breathing.

 Motor vehicle traffic injuries (MVT) increased in SPA 6 during the reporting period by 26%. Although firearm related deaths decreased by 20% from 1998-2007, they still remain the leading cause of injury death in SPA 6.

Table 1. Intent

- Between 1998 and 2007, 53% of injury deaths were homicides, 38% were unintentional, and 7% were suicides.
- Nearly all MVT, fall, and poisoning deaths were unintentional.
- Firearms and suffocation were the leading causes of intentional injury mortality, accounting for 80% of suicides and almost all homicides (89%).
- Mortality rates due to unintentional injuries remained relatively stable throughout the ten-year period, peaking in 2001 with 31 deaths per 100,000, and reaching a low of 26 deaths per 100,000 in 2006.
- Homicide rates reached a peak of 34.8 deaths per 100,000 in 2004 but have since dropped each year to 21.9 deaths per 100,000 in 2007. Despite this decrease, SPA 6 still has homicide rates higher than any other SPA in the County.
- Suicide rates also remained relatively stable, peaking at 5.9 deaths per 100,000 residents in 2000, and then dropping to 4.0 deaths per 100,000 in 2007.

Table 2. Gender

- Males accounted for 82% of injury deaths in SPA 6, but for only 49% of South's population.
- Firearms (N=2,881; 57%) were the leading cause of injury death among males, followed by MVT (N=748; 15%).
- MVT (N=310; 27%) was the leading cause of injury death among females, followed by firearms (N=252; 22%).
- Males accounted for 90% of homicides, 86% of suicides, and 71% unintentional injury deaths.
- Male mortality rates were over four times as high as female mortality during each year, and in 2004 and 2005 male mortality was more than five times higher than female mortality rates.

Figure 2. Race/Ethnicity

- Between 1998 and 2007, the population of South SPA was 61% Latino, 34% Black, 3% White and 2% Asian/Other.
- During the same period, SPA 6 residents who died from injuries were 40% Latino, 56% Black, 3% White and 1% Asian/Other.
- Although Blacks represented 34% of the total population, they were disproportionately impacted by injury deaths with a rate of 196.5 per 100,000 compared to Whites (120.8 per 100,000), Latinos (74.0 per 100,000) and Asian/other (48.0 per 100,000).
- There was variation in the racial/ethnic distribution by intent.
 - Unintentional: 42% Latino, 5% White, 2% Asian/Other, 52% Black
 - Suicide: 44% Latino, 9% White, 2% Asian/Other, 44% Black
 - o Homicide: 36% Latino, 1% White, 0.4% Asian/Other, 61% Black
- Racial/ethnic distribution also varied for different types of injuries.
 - Whites accounted for almost 8% of poisonings, falls and suffocations, but just 1% of firearm deaths.
 - Blacks accounted for almost two thirds of firearm (60%) and poisoning deaths (64%), about half (52%) of falls, 45% of MVT and 43% of suffocation deaths.
 - o Latinos accounted for 51% of MVT deaths, but only 37% of falls.
 - Asian/Others accounted for 4% of fall deaths, but less than 0.5% of firearms.
- Males accounted for 70% of deaths among Whites, 79% among Blacks, 75% among Asian/Others, and 74% among Latinos.
- For every year during the reporting period mortality rates were highest among Blacks followed by Latinos.

Figure 3. Age

- During the ten-year period, the number of injury deaths in SPA 6 peaked among 20 year olds.
- The leading cause of injury death varied by age group:
 - o Among 0-9 year olds, MVT was the most common cause of injury death.
 - o Among 10-44 year olds, firearms injuries were the leading cause of injury death.
 - o Among 45-54 year olds, poisoning was the leading cause of injury death.
 - Among 55-64 year olds, poisoning and MVT were tied as the two leading causes of injury death.
 - Among 65+ year olds, MVT were the leading cause of injury death followed very closely by falls.

- Homicide was the leading intent of injury death among infants (<1 year old) and 10-44 year olds; among all other age groups, unintentional injuries were the most common.
- Mortality rates from unintentional injuries (48 per 100,000) and suicides (6.5 per 100,000) peaked among 55 and older and 65+ respectively. Mortality rates from homicide peaked among 15-19 year olds (76 per 100,000).
- Mortality rates were lowest for 5-9 year olds (7 per 100,000) and highest for 20-24 year olds (121 per 100,000). Rates were also very high among 15-19 (97 per 100,000) and 25-29 (93 per 100,000) year olds.
- The average age at death was similar for males and females, but Whites (45.2 years) and Asians/Others (47.0 years) had higher average ages at deaths than either Blacks (33.4 years) or Latinos (30.7 years).
- The average age of victims of injury deaths was 34.7 years.
 - Victims of falls had the oldest average age at death (57.8 years).
 - o Homicide victims (28.3 years) had the youngest average age at death.
 - o Males (33.2 years) were on average younger than females (41.2 years) at death.

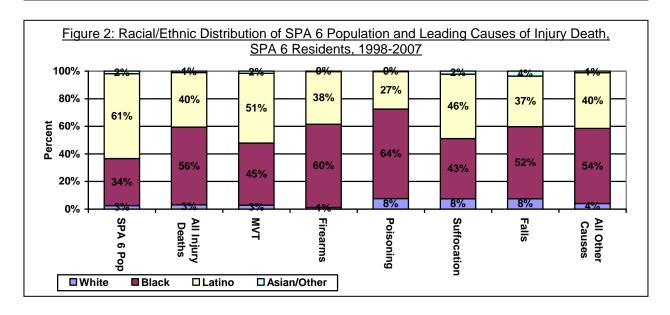


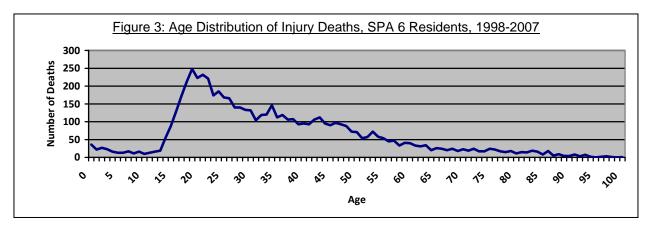
<u>Table 1: Number and Percent of Injury Deaths Attributed to Each Intent, by Leading Cause, SPA 6 Residents, 1998-2007</u>

	Intent								
Leading Cause	Unintentional		Suicide		Homicide		Other		Total
	#	%	#	%	#	%	#	%	
Falls	225	89%	19	8%	3	1%	5	0%	252
Firearms	27	1%	209	7%	2856	91%	41	0%	3133
MVT	1050	99%	4	0%	3	0%	1	0%	1058
Poisoning	607	88%	44	6%	3	0%	27	0%	681
Suffocation	48	21%	134	59%	38	17%	7	0%	227
Other Causes	412	49%	21	3%	360	43%	47	1%	840
All Injury Deaths	2369	38%	431	7%	3263	53%	128	2%	6191

<u>Table 2: Number of Deaths and Age Adjusted Mortality Rate by Gender and Leading Cause, and Gender Distribution for Each Cause, SPA 6 Residents, 1998-2007</u>

Mechanism	Males			Females			
	Num	Rate	%	Num	Rate	%	
Falls	164	5.2	65.1%	88	2.3	34.9%	
Firearms	2881	53.9	92.0%	252	4.8	8.0%	
MVT	748	17.4	70.7%	310	6.7	29.3%	
Poisoning	476	12.7	69.9%	205	4.8	30.1%	
Suffocation	159	3.6	70.0%	68	1.5	30.30	
Other Causes	633	16.3	75.4%	207	4.7	24.6%	
All Injury Deaths	5061	109.2	81.7%	1130	24.7	18.3%	





Sources: Death Statistical Master File, California Dept of Health Services, Center for Health Statistics; PEPS population data, Los Angeles County Office of Urban Research

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